

DIRECTIONS

Step One:

- If this request involves closing a street
Contact Lafayette Police - Traffic Division / 765-807-1293
- If this request involves renting the Big Four Depot - Community Room
Contact Lafayette Parks Department for availability / 765-807-1500

Step Two:

- Complete and submit this application to Lafayette Engineering Department
City Hall, 2nd floor, 20 N 6th Street, Lafayette, IN / 765-807-1050



Do not use for
contractor
vehicle permit

User Information

Date of Function: 7-3-2022 Time: From: 7:30 (am/pm) to: 1:00 am/pm

Name: Don R. Lindstrom Organization: First Christian Church

Street Address: 765-491-2958 329 N. 6th St.

City: Lafayette State: IN Zip Code: 47901

Contact person(s): June Jenkins Phone Number(s): 765-742-4658

Email: june.jenkins@fcclaf.org

Event Description: Joint religious service

Caterer: _____ Caterer's Phone Number: _____

This event will utilize the following venues (check all that apply):

- ☐ Big 4 Depot - Community Room ☐ Riehle Plaza ☐ John T. Myers Bridge
☐ City Right-of-way ☒ City Street ☒ Sidewalk ☐ Other _____

This event will include the following elements (check all that apply):

Anticipated Attendance: 300

- ☒ Street/Sidewalk/Right-of-way restriction or closure ☐ Food or Beverages
☐ Restroom Facilities (required for events 4+ hours) ☒ Tents/Canopies
☐ Alcohol (security is required) ☐ Security (required when serving alcohol)

Not sure if you need an A&E Permit? Go to:

☐ Amusement & Entertainment Permit # _____ <http://www.in.gov/dhs/2795.htm>

☐ Stage ☐ Fireworks ☐ Outdoor cooker/grill ☐ Other _____

Optional Equipment & Services:

☒ Traffic Control: barricades, **No Parking** signs, \$25

Timetable (Minimum # of days. Advanced planning is encouraged; sequence remains the same)

0	7 days	14 days	21 days	42 days			
	Pre-planning		Notices	Event Preparation			Event
Begin	1st week	2nd week	3rd week	4th week	5th week	6th week	
	First contact	Submit Application Pre-event Meeting	Contact Neighbors prior to Board of Works Hearing	Board of Works Public Hearing & Approval			Date of Event

Application submittal checklist

- ☒ Application
- ☐ Pre-event meeting (if required)
- ☐ Good Neighbor letter to neighboring properties (send out prior to Board of Works hearing)
- ☒ Letter of request to Board of Works (omit if only using Big Four Depot community room)
- ☐ Receipt – payment made to City of Lafayette or Lafayette Parks Department
 - Damage Deposit: \$ _____ (required only when renting Depot)
 - Permit Fee: \$ _____ (fee waived when renting Depot)
 - Rental Fee: \$ _____
 - Equipment & Services: \$ _____ (optional)
- ☒ Certificate of Insurance
- ☐ Amusement & Entertainment Permit # _____
Not sure if you need an A&E Permit? Want more information? Go to:
<http://www.in.gov/dhs/2795.htm> and see definition of A&E Permit in **Rule and Regulations** instructions found at the same link as the **Special Event Application**
- ☐ Traffic Control / Public Safety / Emergency Plan
- ☒ User Agreement
- ☐ Board of Public Works and Safety meeting (if required)

USER AGREEMENT:

INDEMNIFICATION AND RELEASE. In consideration of being permitted the use of the venue(s) indicated above on this document (the "Property"), which Property is owned by the City of Lafayette, User as indicated below, for User and User's legal representatives, successors, and assigns, hereby releases waives and discharges the City of Lafayette, its officers, departments and employees and of them (herein collectively, "City") from all liability to User and User's officers, members, legal representatives, successors, invitees and assigns (herein collectively "User") from any and all loss or damage, and any claim of damages resulting therefore, on account of injury to persons or property arising out of possession or use of the Property, whether caused by the negligence of City, or any of them, or otherwise, resulting during the time the User is entitled to occupy and use the Property. User shall exercise the privileges under this Agreement at User's own risk, and irrespective of any negligence of City, User shall indemnify and hold City harmless from any and all liability for all damages, costs, losses and expenses resulting from, arising out of, or in any way connected with User's use and possession of the Property, including attorney fees incurred by City in defending any action arising out of User's possession or use of the Property, whether caused by negligence of the City, or any of them, or otherwise. City shall not be liable to User for any reason whatever User's occupation or use of the Property shall be hindered or disturbed. User agrees that User has made inspection of the Property and is not relying upon any representations of City or any of them as to the condition of state of repair of the Property or to its suitability for any particular purpose. This release, waiver, and indemnification is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I have read the above Indemnification and Release and the Policy and Rules governing the use of any public property, city street, sidewalk or public property within the city's right-of-way, the James F. Riehle Plaza, Big Four Community Room, and John T. Myers Main Street Pedestrian Bridge. I agree on my own behalf, and on behalf of the group or organization I am authorized to represent, to such Indemnification and Release and to follow such Rules and Regulations which are incorporated and made a part of this user agreement.

"Lafayette Board of Works"

By: _____

"User"

By:  _____
Signature

Printed: Andrew Guthrie

Date: 5-19-22

FIRST CHRISTIAN

CHURCH

(Disciples of Christ)

329 N. 6th Street
Lafayette, Indiana 47901
765-742-4058

Rev. Andrew Guthrie
office@fcclaf.org

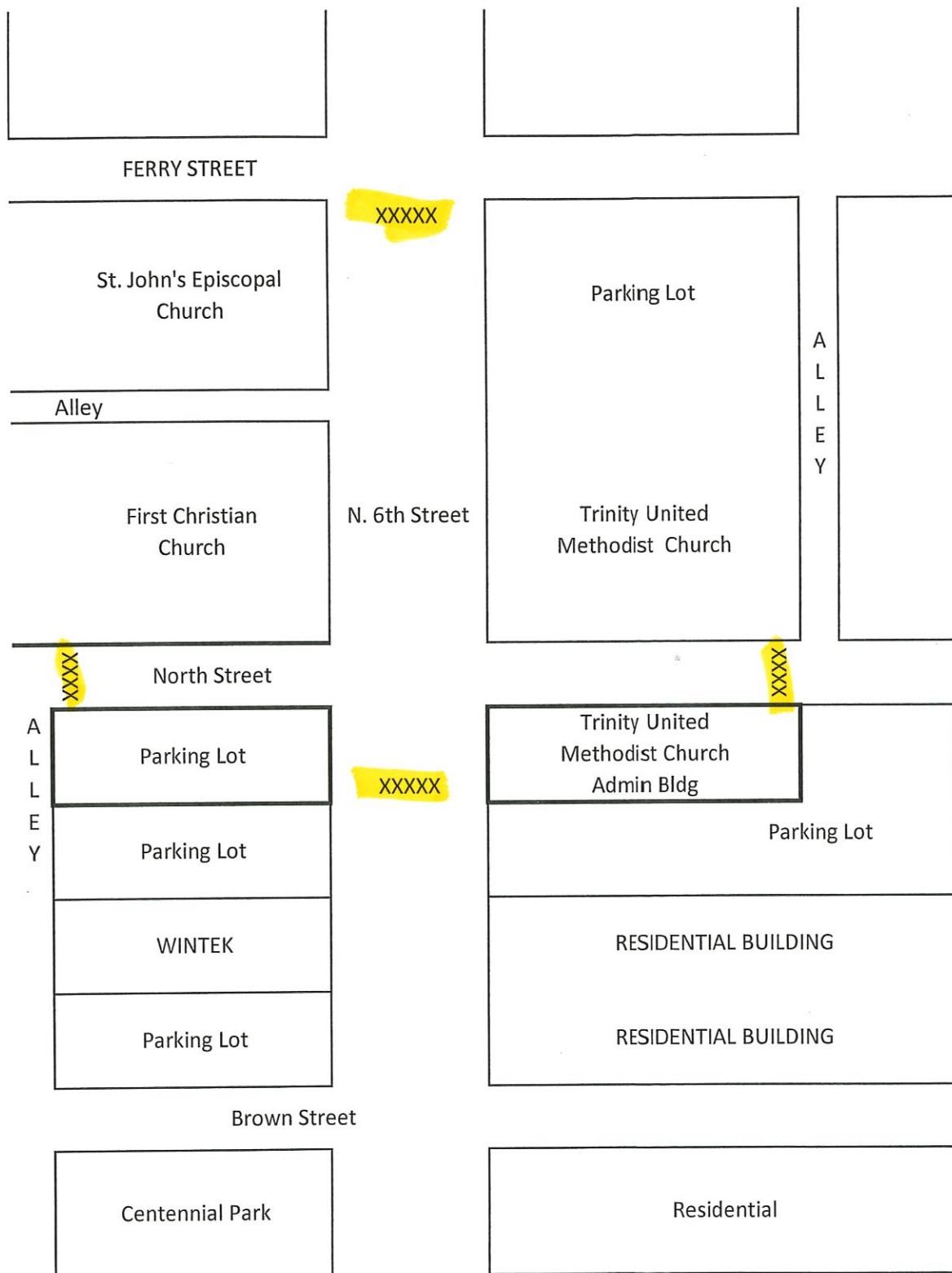
We are requesting Event Street Closure for our annual joint religious service which will be held on Sunday, July 3, 2022, in the 300 block of North 6th Street. Please see the attached street closure map for the area we request to be closed.

The event will be from 7:30 am to 1:00 pm, and will involve First Christian Church, Trinity United Methodist Church, and St. John's Episcopal Church.

Respectfully,



Andrew Guthrie, Minister
First Christian Church



XXXXX = Barricades



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/16/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Henriott Group, Inc. Renaissance Place 250 Main Street, Suite 650 Lafayette IN 47901-1287		CONTACT NAME: Business Insurance Team PHONE (A/C, No, Ext): (765) 429-5000 E-MAIL ADDRESS: info@henriott.com FAX (A/C, No): (765) 423-2599		
INSURED First Christian Church 329 N. 6th Street Lafayette IN 47901		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Mennonite Mutual Insurance Company		17299
		INSURER B: Accident Fund Insurance Company		12304
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 21-22 LIAB

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			400155638	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Pastoral Counseling \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			400155638	07/01/2021	07/01/2022	
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB1301513	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000 PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WCV 6209585	07/01/2021	07/01/2022	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

marci kuhlman

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MENNONITE MUTUAL INSURANCE COMPANY
1000 SOUTH MAIN ST ORRVILLE OH 44667
Represented by HENRIOTT GROUP INC
(765) 429-5000

Declarations - Part 2 of Umbrella Liability Policy

POLICY TYPE	ACCOUNT NUMBER	POLICY PERIOD FROM TO	PAYMENT TYPE	EFFECTIVE DATE	POLICY NUMBER
COMMERCIAL UMBRELLA	1038716	07/01/2021 - 07/01/2022	ANNUAL		UMB-1301513

12:01 A.M. Standard Time At The Location Of The Property Insured.

ITEM 1: NAMED INSURED & MAILING ADDRESS

FIRST CHRISTIAN CHURCH
329 N 6TH STREET
LAFAYETTE IN 47901

ITEM 2: AGENCY NAME

HENRIOTT GROUP INC
250 MAIN STREET SUITE 650
LAFAYETTE IN 47901
(765)429-5000

The terms, provisions, and conditions herein set forth including those attached to this form are made a part of this policy. The information contained in this Declarations page, together with any form and/or endorsements specified below supersedes and replaces any preceding Declarations bearing the same policy number. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer or submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

ITEM 3: POLICY LIMITS

\$1,000,000 EACH OCCURRENCE
\$2,000,000 GENERAL AGGREGATE LIMIT
\$2,000,000 PRODUCTS/COMPLETED WORKS AGGREGATE LIMIT

ITEM 4: SELF-INSURED RETENTION

\$10,000 EACH OCCURRENCE

ITEM 5: SCHEDULE OF UNDERLYING INSURANCE

TYPE OF COVERAGE	INSURER	POLICY NUMBER	POLICY PERIOD	SUB COVERAGE	LIMITS OF LIABILITY	
COMMERCIAL LIABILITY	MENNONITE MUTUAL	400155638	07/01/2021 - 07/01/2022		\$1,000,000	EACH OCCURRENCE
					\$3,000,000	GENERAL AGGREGATE
					\$3,000,000	PRODUCTS/COMPLETED WORKS AGGREGATE LIMIT
				FIRE LEGAL LIABILITY	\$100,000	EACH OCCURRENCE
				SHORT TERM RENTED PREMISES	\$50,000	EACH OCCURRENCE
EMPLOYERS LIABILITY	ACCIDENT FUND INSURANCE	WCV 620958 5	07/01/2021 - 07/01/2022		\$500,000 \$500,000 \$500,000	BI BY ACCIDENT BI BY DISEASE BI BY DISEASE AGG

ITEM 6: PREMIUM

TOTAL PREMIUM \$350.00

THIS IS NOT A BILL
PLEASE PAY FROM STATEMENT

COUNTERSIGNED: HENRIOTT GROUP INC
Mennonite Mutual Insurance (330) 682-2986

DATE 06/10/2021

Page 1 Cont.

**NOTICE : ANY CHANGE IN LIABILITY OR INSURING COMPANIES LISTED ABOVE
MUST BE REPORTED TO MENNONITE MUTUAL IMMEDIATELY**

PLEASE SEE NEXT PAGE

This declarations page, with "Policy Provisions - Part A" forms and endorsements,
if any, issued to Form A part thereof - Completes the above numbered policy

MISCELLANEOUS PAYMENT RECPT#: 3240881
City of Lafayette, IN
20 N 6th St
Lafayette IN 47901

DATE: 05/24/22 TIME: 13:43
CLERK: sscott DEPT:
CUSTOMER#: 999
MISC CUSTOMER
COMMENT:

CHARGES:
AVG1 APPLICATION FOR 25.00
BARR BARRICADE RENTA 25.00
AMOUNT PAID: 50.00

PAID BY: FIRST CHRISTIAN CHUR
PAYMENT METH: CHECK
21007

REFERENCE:

AMT TENDERED: 50.00
AMT APPLIED: 50.00
CHANGE: .00